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ABSTRACT

This document contains the third annual interim report of the Illinois Elder Abuse Demonstration Program. It discusses the overall intent of the demonstration program, trends and changes in the third year of the demonstration program compared with the results from the first two years of the program, and achievements and recommendations for a statewide elder abuse and neglect program. It identifies significant data that have been gathered and analyzed on Illinois' four elder abuse demonstration projects. The history of the four demonstration projects is briefly reviewed and the three models of intervention being tested at the four projects are described: (1) the Child Abuse Model; (2) the Legal Interventions Model; and (3) the Advocacy Model. An analysis of third year data includes sections on characteristics of an abuse/neglect situation, types of abuse and neglect reported, report sources, substantiation of abuse and neglect, and significant differences between years 1 and 2 and year 3. Achievements and recommendations are discussed. The report concludes that there is a need to establish a statewide Elder Abuse and Neglect Program. A directory of Elder Abuse Demonstration Projects, demographic characteristics of older persons, and data tables are appended. (NB)

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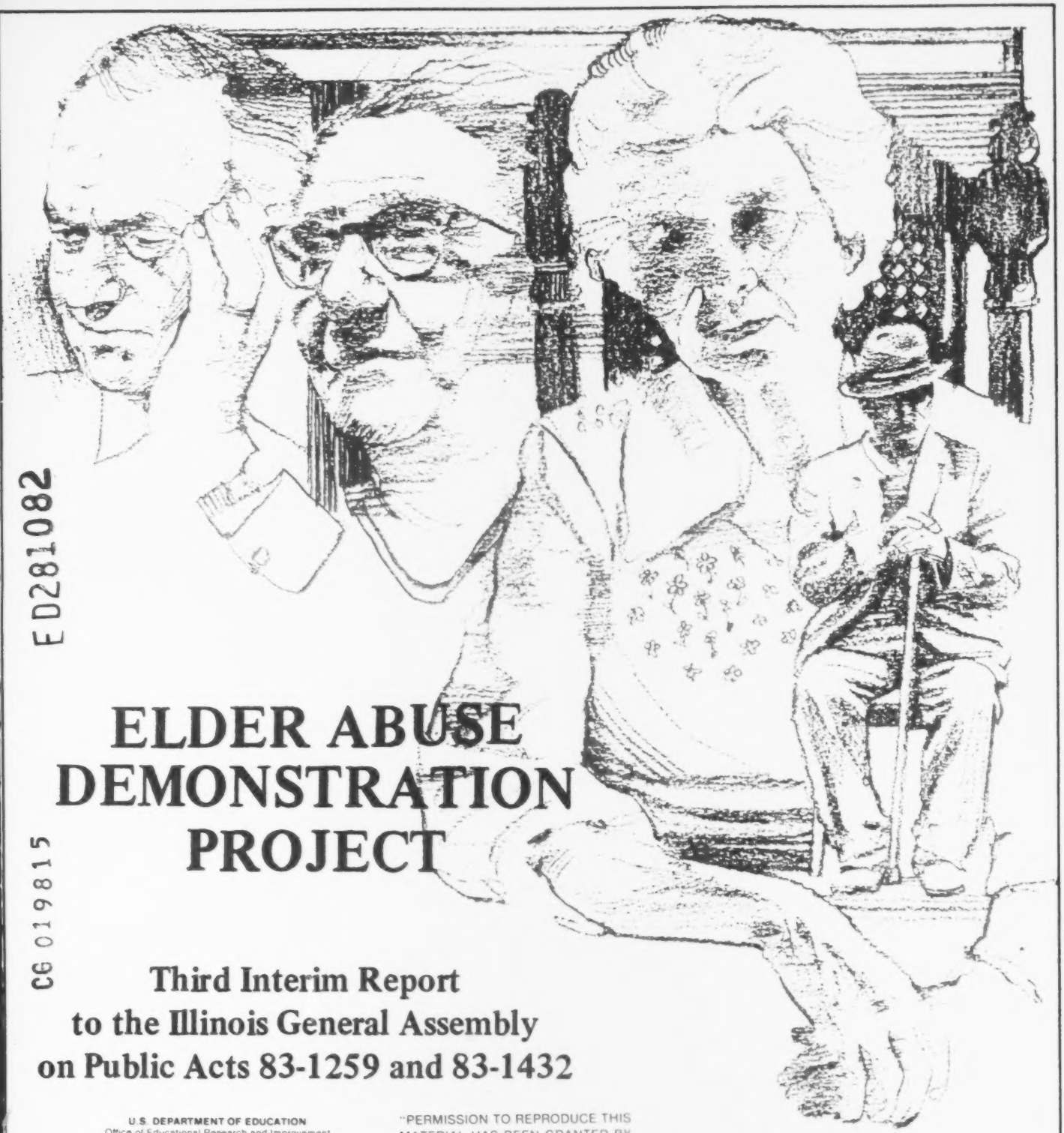

ELDER ABUSE DEMONSTRATION PROJECT

CG 019815

Third Interim Report to the Illinois General Assembly on Public Acts 83-1259 and 83-1432

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The Illinois Department on Aging

Janet S. Otwell, Director
James R. Thompson, Governor

April 1, 1987

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JANET S. OTWELL
DIRECTOR

April 1, 1987

The Honorable James R. Thompson
Governor, State of Illinois
and
Members of the 84th General Assembly
State House
Springfield, Illinois 62706

Dear Governor Thompson and Members of the General Assembly:

I am pleased to submit the third Interim Report of the Elder Abuse Demonstration Program, Public Act 83-1259 and 83-1432.

This report identifies significant data that has been gathered and analyzed on the four elder abuse demonstration projects.

The issues described within this report have assisted the Department in identifying the necessity of a statewide elder abuse and neglect program.

Sincerely,

Janet S. Otwell

Janet S. Otwell
Director

JSO:ns

Acknowledgements

The Department on Aging would like to acknowledge Melanie Hwalek, Ph.D., Social Program Evaluators and Consultants, Inc. for her assistance in developing this interim report.

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I. INTRODUCTION

To provide pertinent information on the Elder Abuse Demonstration Program, the Department on Aging has been required to furnish the Illinois General Assembly with an annual interim report since the inception of the program.

This is the third interim report written by the Department since the inception of the Elder Abuse Demonstration Program. The report discusses the overall intent of the demonstration program, trends and changes in the third year of the demonstration program compared with the results from the first two years of the program, and presents the achievements and recommendations for a statewide elder abuse and neglect program.

II. HISTORY OF THE ELDER ABUSE DEMONSTRATION PROJECTS

A. Overview

During the 1984 Spring Session of the General Assembly, two pieces of legislation were passed, House Bill 2339 and Senate Bill 1725 (Public Act 83-1259 and Public Act 83-1432) creating the Elder Abuse Demonstration Program Act. These acts differed greatly from the elder abuse acts being passed in some other states, in that the Illinois legislature saw the need to investigate the issues of providing services to abused elderly before passing statewide legislation. Over the past ten years, nearly 40 states passed elder abuse legislation, primarily with a mandatory reporting system. Instead of assuming mandatory reporting would be a part of a statewide elder abuse program, the State of Illinois decided to establish a demonstration program to evaluate the three different intervention approaches which had been defined in a previous study commissioned by the Department on Aging entitled "Abuse and Neglect of the Elderly" and published by Sangamon State University. The demonstration program would gather critical information about the extent, cost and effectiveness of providing for elderly who are victims of abuse, neglect and/or exploitation living in a domestic setting in four areas of the State.

To ensure that an adequate and appropriate response was developed to provide necessary protection and services, the Department on Aging was given the overall responsibility to design, develop and manage the demonstration program to gain the following information:

* Identify the number of elderly in each project area who are abused and in need of protective services;

* Identify the basic core and emergency services that will be required to respond to cases of elderly abuse and to develop service models;

* Identify services from all sources in each project area that are currently available to meet the needs of elderly individuals who are abused;

* Identify service gaps that are common across project areas;

* Determine the most effective approach to reporting cases of abuse;

* Develop cost estimates for a statewide program.

B. Elder Abuse Demonstration Project Sites

Through a competitive request for proposal (RFP) process with the thirteen area agencies, four projects were chosen to demonstrate a specific model of elder abuse intervention. Four Area Agencies were selected to implement a demonstration project site within a portion of their planning and service areas. Each Area Agency contracted with an existing direct social service agency(ies) within their planning and service area most appropriate to receive intake reports and to respond accordingly to reported cases of elder abuse and neglect.

Area Agency on Aging (AAA)	Geographic Area	Model of Intervention	Primary Subcontractors
Northwestern AAA	Winnebago County	Advocacy	.Visiting Nurses Association .PHASE/WAVE
Region Two	Kankakee County	Advocacy	.Catholic Charities
Egyptian AAA	Franklin, Williamson, Jackson, and Perry counties	Child Abuse/ Mandatory	.Shawnee Alliance for Seniors
Suburban Cook County AAA	Maine, Niles and Evanston	Legal	.Northwest Service Coordination .Metropolitan Chicago Coalition on Aging .Northshore Senior Center .Family Counseling Service

C. Funding sources

The Area Agencies were required to match each elder abuse dollar (State General Revenue Funds) requested with two dollars of their Title III Older Americans Act funding. The following table illustrates the level of funding for each demonstration project for the period beginning July 1, 1986 through June 30, 1987:

Fiscal Year 1987 Funding Sources

AAA	(GRF)	Title III (Federal)	Other	Total
N.W. AAA	$15,000.00	$30,000.00	0	$45,000.00
Region 2 AAA	$21,500.00	$43,000.00	0	$54,500.00
Egyptian AAA	$35,495.00	$84,690.00	0	$120,185.00
Suburban Cook AAA	$25,000.00	$66,802.00	*$12,589.00	$104,391.00

*Retirement Research Foundation

In addition to these grants, the Department on Aging contracted with Social Program Evaluators and Consultants, Inc. to compile and analyze the data received from the projects.

III. MODELS OF INTERVENTION AND DEFINITIONS OF ABUSE AND NEGLECT

A. Models of intervention

One intent of the elder abuse legislation was to evaluate the relative effectiveness of three different intervention models that could be used with elder abuse victims. The three models of intervention being tested at four locations are:

. The **Child Abuse Model** (PSA 11) is characterized by mandating reporting of elder abuse by professionals. It is generally perceived to be the most intrusive to older persons and most costly to the public.

. The **Legal Interventions Model** (PSA 13) is based on the domestic violence approach. This model investigates the effectiveness and acceptability of using police and courts to intervene in elder abuse cases.

. The **Advocacy Model** (PSA 1 and 2) is the least intrusive and assumes that existing community services can be used by an abused adult with the assistance of an advocate to guarantee the protection of rights. This advocate, who is independent of the service delivery system, protects the client's rights

and manages alternatives used in serving the elderly according to the agreed upon plan.

B. Definitions of abuse and neglect

Several types of abuse were included in the definition of elderly victims eligible to receive services under the demonstration projects. The definitions of abuse came from the legislation, and were further refined by the Illinois Administrative Code. Specifically, the following definitions of elder abuse were provided in this code:

PHYSICAL ABUSE: The infliction of physical pain.

CONFINEMENT: Confinement for other than medical reasons.

SEXUAL ABUSE: Touching, fondling or penetration by the elderly person or suspected abuser either directly or indirectly or through clothing of the sex organs, anus, breast of the elderly person or suspected abuser for the purpose of sexual gratification or arousal of the elderly person or suspected abuser when the elderly person is unable to understand to give consent or when the threat or use of physical force is applied.

DEPRIVATION: Of services or medical treatment necessary to maintain physical lhealth.

FINANCIAL EXPLOITATION: The use of an elderly person's resources by the caretaker or family member to the disadvantage of the elderly or the profit or advantage of a person other than the elderly person.

Two types of neglect were also identified among the elderly clients: PASSIVE NEGLECT and SELF-NEGLECT. They were included in order to differentiate between deprivation of perpetrated by the elderly themselves and deprivation perpetrated by the omission of needed services by an individual responsible for providing care to the elderly.

IV. Analysis of Third Year Data

A. Characteristics of an abuse/neglect situation

Research has indicated that abusive situations are more likely to be viewed as a family situation. The victim is typically a 77 year old widow with at least one physical or mental impairment that possibly necessitates care by others. The majority of the clients served live in their own homes with others (49%) or in the home of a relative (7%). Eighteen (18) percent of the elderly lived at home alone.

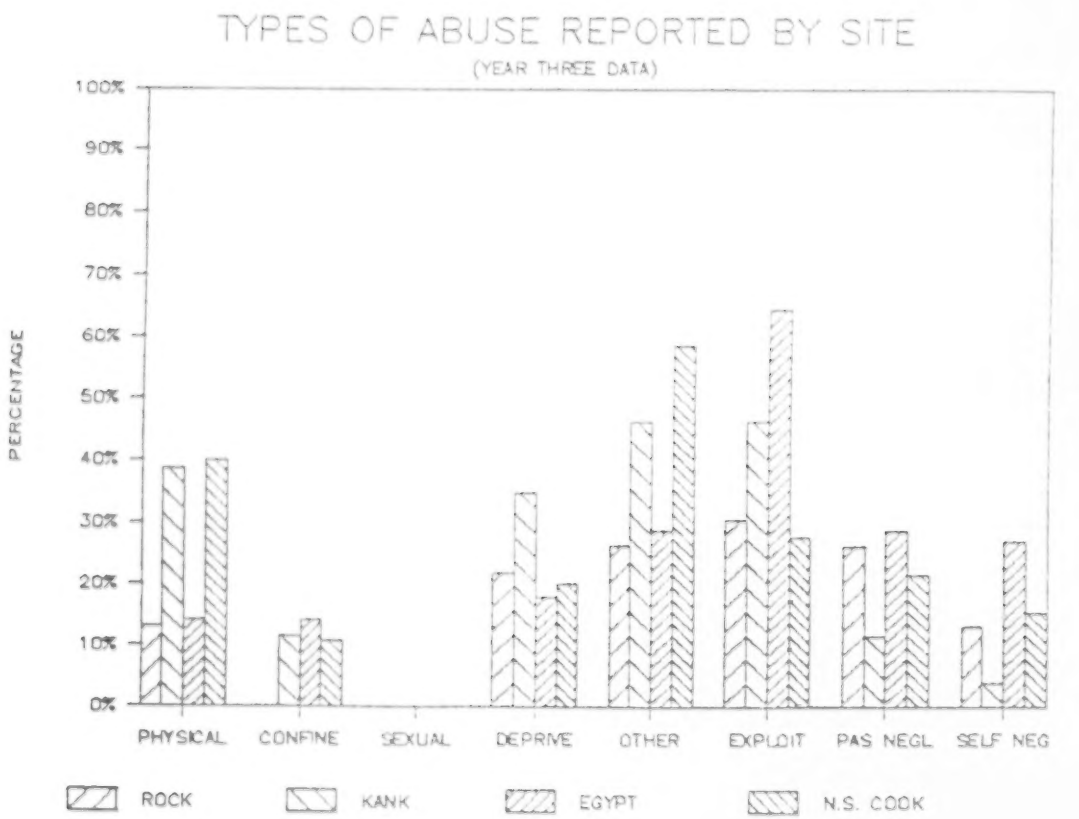
The abuser is likely to be a relative of the older person in 69% of the cases. Unfortunately, when applying the stress factors associated with caregiving (older individual needing

home care and probably living in the same household, economic resources insufficient to cover the costs)...it follows the trend that abuse is more likely to occur unless stress factors and caregiver responsibilities are lessened.

It appears that the abuser is more likely to be a spouse in cases of physical abuse and in other abuse. In contrast, the abuser is more likely to be the child in cases of exploitation and passive neglect. These data suggest different underlying dynamics of physical abuse compared with exploitation and neglect. In physical abuse, a history of spouse abuse may have simply "grown old" and become known as cases of elder abuse. Or, the frustration of living with an impaired spouse may lead to outbreaks of violence. However, in cases of exploitation and neglect, it is likely that the child is caring for an impaired parent. Passive neglect is likely if the child does not understand the needs of the elderly, or if financial stress makes proper caregiving impossible. Also, if the impaired elderly has given the child access to their financial resources, the risk of financial exploitation increases.

B. Types of abuse and neglect reported

Financial exploitation is the most frequent type of abuse suspected followed by verbal/psychological abuse, deprivation of services and physical abuse.



The elderly are often victims of more than one type of abuse. For example, there is a high correlation between confinement and deprivation of services, as well as between financial exploitation and verbal/psychological abuse. This analysis suggests the need to allow for flexibility in the types of services offered to the alleged victims, as victims of different types of abuse require different types of services.

C. Report source

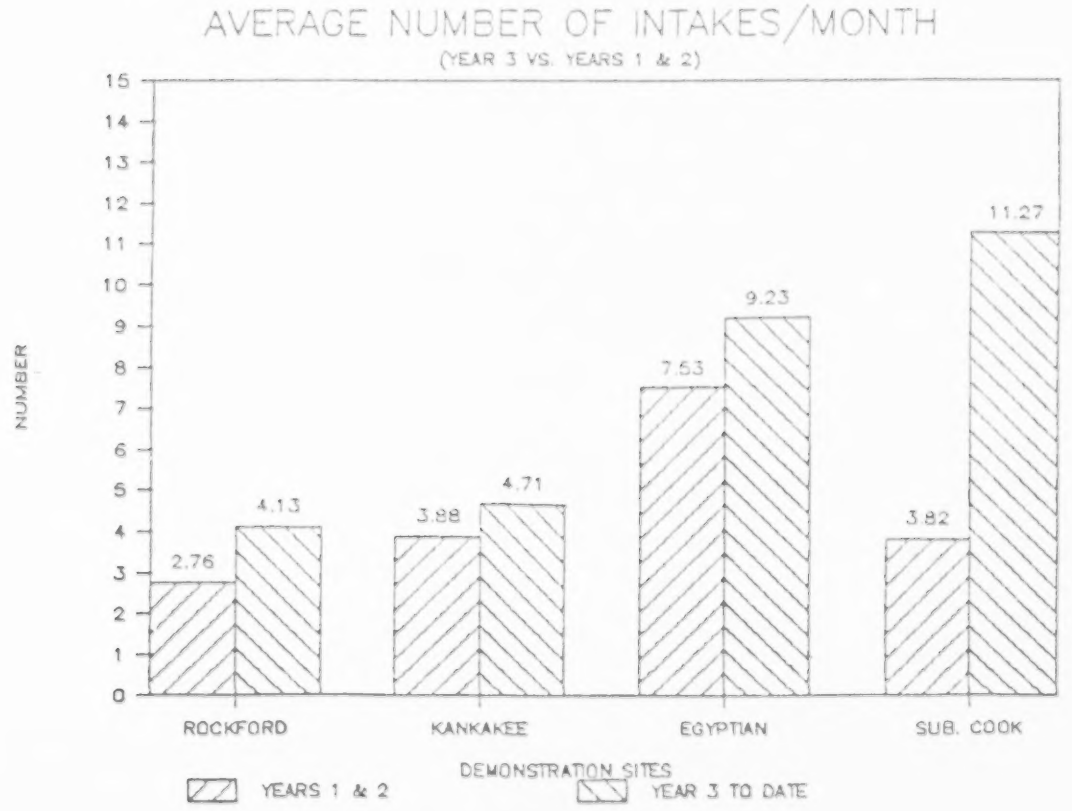
Data from the demonstration projects indicate that most of the cases referred to the projects came from social workers, nurses and paraprofessionals. The victims, themselves represent 14% of reporting of elder abuse, whereas, their relatives (child, spouse) represent 16% of the total.

D. Substantiation of abuse and neglect

The substantiation of abuse varies by the type of abuse suspected and can be made difficult if the victim is disoriented. Overall, 63% of all cases investigated by the projects are substantiated.

E. Significant differences between year 1 & 2 and year 3

When comparing data from year 1 and 2 with year 3, there are significant differences in the number of reports received, direct services provided to the clients served, and number of repeated cases of abuse.



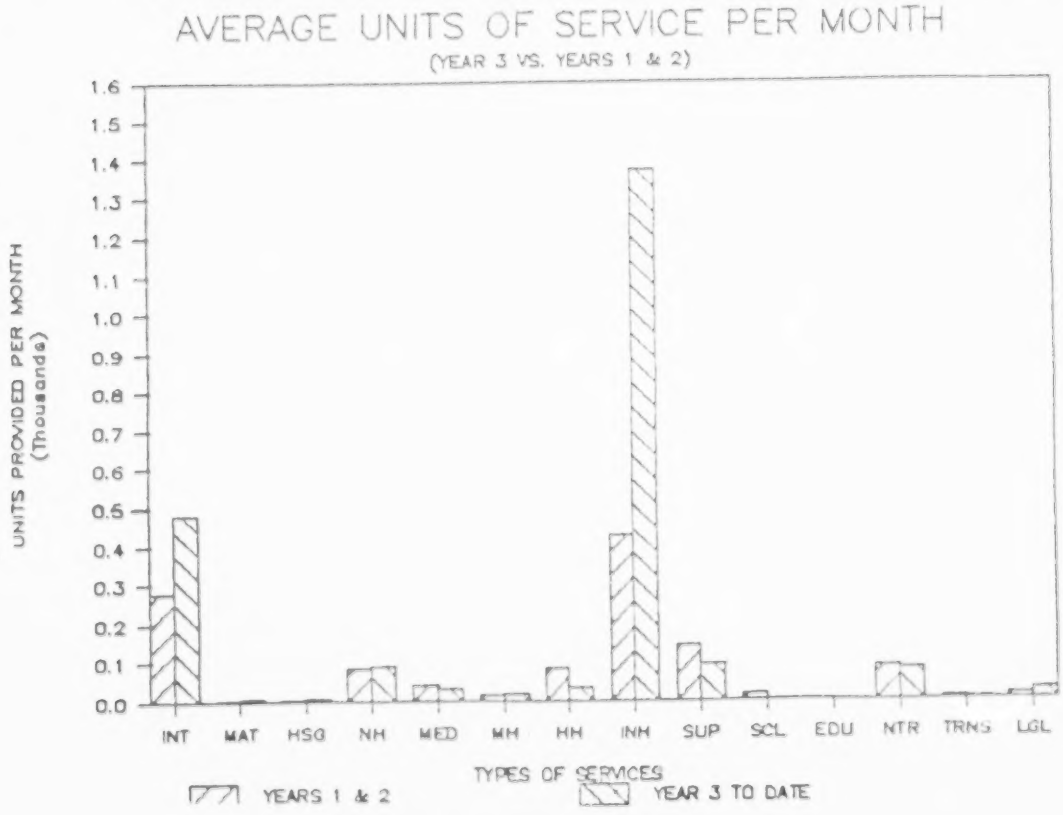
There has been an increase in reports of elder abuse cases made to the sites in Year 3, compared to the first two years of the program. This indicates that there may have been greater public awareness provided in those specific areas heightening and improving the images of the direct service providers.

The following information provides a comparison of the annual incidence rates of reported cases of abuse by project site and by type of reporting system for FY 1986 and anticipated for FY 1987. This data also indicates the increase in the number of reports of abuse received in the 3rd year compared to the second year of the program. An incidence rate is the number of elder abuse and neglect reports received per thousand older persons.

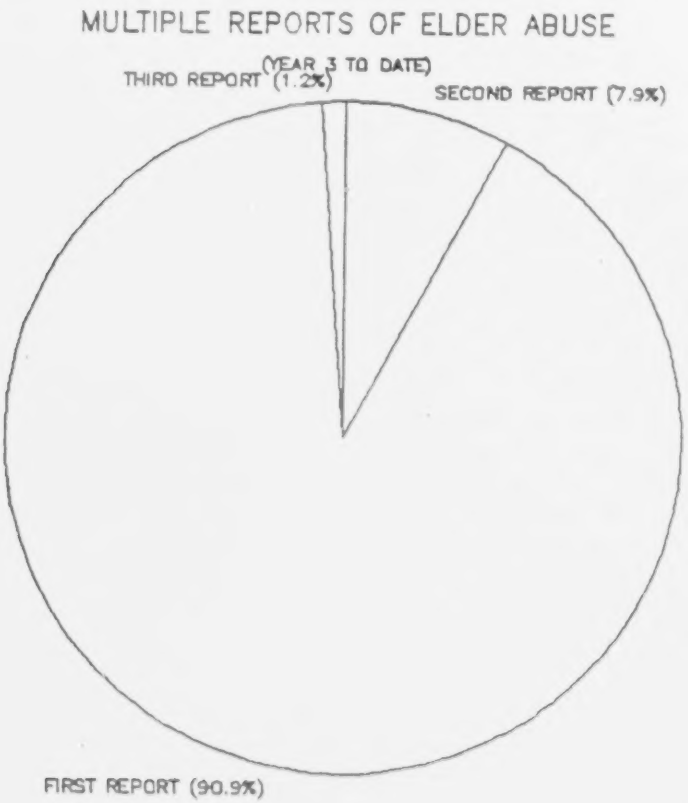
	60+ POP.	1986 REPORTS	INCIDENCE RATE	1987* REPORTS	INCIDENCE RATE
Rockford	40,100	|	|	45	1.12
Kankakee	17,100	113	0.99	55	3.22
Suburban Cook	57,314	|	|	122	2.13
Egyptian	36,000	79	2.19	100	2.78
TOTAL	150,514	192	1.28	322	2.14
Mandatory	36,000	79	2.19	100	2.78
Voluntary	114,514	113	0.99	222	1.94

* Projected using six month data.

Integrative (ie. assessment and case management) and in-home services continue to be most frequently provided to elder abuse victims. When comparing the first two years with year three, the overwhelming increase in the use of in-home services can be verified. These data suggest that elderly victims are in need of appropriate direct services.



Year three data are beginning to show repeated cases of abuse entering the system. These data support the need for quarterly follow-up vists to be provided on cases for one year after the case is determined safe and stable.



V. ACHIEVEMENTS AND RECOMMENDATIONS

On July 1, 1987 the four demonstration projects began their third and final year. The demonstration projects will be discontinued on June 30, 1987. By the end of this project year, the Illinois legislature must decide whether the aforementioned goals were addressed appropriately and whether to address the issue of elder abuse and neglect on a statewide basis. If the state decides to implement a statewide elder abuse and neglect program, those same goals must be reached and critical issues must be discussed.

The specific goals and issues to be addressed are:

- What are the core and emergency services needed to meet the initial client needs and what service gaps exist in the service delivery system?

- Is a statewide elder abuse and neglect program needed in Illinois?

- If a statewide program is necessary, what is the most effective intervention?

- How many elderly are anticipated to be served by a statewide program?

- What is the cost of a statewide elder abuse and neglect program?

A. What are the core and emergency services needed to meet the initial client needs and what service gaps exist in the service delivery system?

Examining the service needs of abused older persons and comparing them with the existing services in the aging network have been primary aspects of the demonstration program. Whereas, it may be assumed that many of the demographic characteristics of abused elderly are relatively similiar to older persons in need of community-based long term care (ie. CCP, Title III case management and in-home services) research has found the situation surrounding an elder abuse and neglect cases require a more extensive intervention strategy on the part of the case worker than what is currently devoted to the Case management/Community Care program assessment.

While there is likely to be an overlap of service needs between abusive cases and long term care clients, abused victims are likely to have needs in addition to in-home care, although home care is the most utilized service. For example, since the largest number of reported cases is in the area of financial exploitation, available legal assistance has been determined as a need in order to assist these victims.

Data from the demonstration projects indicate a greater amount of time is necessary to intervene in alleged cases of abuse than is currently provided when conducting Community Care Program assessments. Substantial evidence from the demonstration projects conclude that during the first three months of intervention, the average assessment/investigation will take approximately ten hours, whereas the development of a care plan and case work could take approximately fifteen hours. For example, there may be several visits made to the domestic setting where the abuse/neglect is suspected and several collateral contacts made before access is granted to the case worker. Often, the victim is embarrassed to acknowledge that abuse is occurring and until a rapport is developed between the two, assistance is denied, even if the situation appears to be life threatening to the case worker.

The Department does not promote a new service system, but one that will enhance the current service delivery system and provide adequate services to this special client group. One important factor in delivering these assurances was to identify the service gaps within each of the four demonstration projects. These gaps were difficult to identify for several reasons. One apparent reason had to do with the case workers experience and so-called imagination when determining the ideal service care plans. Although the case worker is required to determine the most appropriate services for the victim when developing a menu of alternatives, s/he was more likely to only look at the available local services and not the ideal services to be put in place.

Since approximately 92% of the clients served by the elder abuse demonstration projects were not known or receiving services through the Aging Network prior to investigation, the actual assessment process and providing assistance to these clients are the largest gaps identified by the demonstration projects.

The service components or core services and emergency services determined necessary to serve this vulnerable group described below are identified service gaps since they are either not currently available through public funding or are not available at the anticipated levels needed.

ASSESSMENT: A systematic, standardized format must be established to determine intentionality, competence of the alleged victim, determine substantiation of the abuse, and service needs.

CASE WORK: This would include the development and implementation of the care plan by the case worker and initial case work following the completion of the assessment for an anticipated duration of not less than three months.

FOLLOW-UP: Because abuse is a recurring problem, systematic and long-term follow-up of clients is essential to a protective service program. Follow-up may be effective in preventing future abuse, if the perpetrator knows that the victim is being continuously monitored. Face-to-face follow-up conducted on at least a quarterly basis for one year is recommended by the Department for abuse/neglect cases.

PUBLIC EDUCATION: The development of a standardized public education program to educate potential reporters and possibly potential abusers on warning signs, proper care of the frail elderly, legal rights, and the availability of services.

ANCILLARY SERVICES:

Available supportive and protective services to assist the alleged victim and their family is critical in a protective service system. Illinois is fortunate to have a comprehensive in-home service system; however, there are a number of services recognized as not being publicly funded or are funded at a level below the anticipated need. Those services, labeled as ancillary services should be instituted in the restrictive manner and with all due concern for the rights of the individuals served. Types of services listed below are not meant to be exhaustive.

Emergency housing/relocation - for those individuals not meeting the domestic violence shelter admisssion criteria (ie. handicapped accessible, male, personal care needed). Examples include short term stay at a long term care facility, hotel or motel.

Respite - for the family as a form of preventative care.

Legal Assistance - preparation of orders of protection, petitioning services, intervention on cases of financial exploitation.

Emergency Aid - food, clothing shelter, medical expenses, minor home repairs, transportation, psychiatric evaluations.

B. Is a statewide elder abuse and neglect program needed in Illinois?

It has been determined from the data received from the demonstration projects that the current service delivery system is not in a position to adequately serve the abused elderly. To provide an adequate intervention strategy in the least restrictive manner and to provide adequate services to alleviate stress factors before a life threatening situation arises calls for a statewide elder abuse and neglect program to be implemented. Since the demonstration projects will be discontinued on June 30, 1987 the Department on Aging recommends to begin implementation of a statewide elder abuse and neglect program on October 1, 1987.

Without support for a statewide program, activities on behalf of abused and neglected older person may continue on an ad hoc basis statewide as the Area Agencies on Aging are currently mandated to provide by the Older American Act. The Department anticipates that with the absence of financial resources to assist this client group and enabling legislation, the Area

Agencies on Aging, service providers, and professionals at large will be extremely reluctant to continue these services on an hoc basis. Without legislation outlining authority and immunity, there will be concern over liability and the potential increase of liability insurance if an agency assists abused elderly without legislated authority.

C. If a statewide program is necessary, what is the most effective intervention?

As the three models of intervention were implemented, the major focus of the Department on Aging was to find essential differences between the three different models. Over the past two and one-half years, the comparison of mandatory vs. voluntary reporting overshadowed the need to compare other components of the various programs. Components considered were whether the case worker activities were guided more by the needs of the clients than by the proposed philosophical models, if there was a direct correlation between the number of reports received and the amount of time spent on public education, and if there were underlying differences involved in reporting suspected cases of abuse and neglect in rural and urban settings.

All of the components were found to be relevant and pertinent when developing a statewide system. It became evident that voluntary reporting was what the Department, Area Agencies and direct service providers recommended for a statewide system with the following guiding principles adapted:

- The service system would utilize the least restrictive intervention.
- The service system would honor the client's right to accept or refuse services.
- The service system would maximize the use of existing formal and informal services.
- The service system would coordinate with agencies interested in and/or providing services to abused and neglected elderly.

Although there are numerous states with mandatory reporting legislation, the Department recommends to implement a voluntary reporting system since it would honor the rights of the population to be served in the least restrictive and most cost-effective way.

D. How many elderly are anticipated to be served by a statewide program?

Based on the FY85 estimates from the Bureau of the Census, there are approximately 1.8 million persons aged 60 and over residing in Illinois. To project an annual incidence rate of

reported cases of suspected abuse and neglect on a statewide basis the Department on Aging considered several points:

- For a statewide program, the definition of abuse would include any physical, mental, or sexual injury including exploitation of such adult's financial resources. Neglect means failure by another individual to provide an elderly person with the necessities of life including, but not limited to food, clothing, shelter or medical care. Self neglect would not be included in the definition.

- The target population for a statewide program would be any individual aged 60 and over residing in a domestic living situation. Older persons residing in a licenced long term care facility or hospital setting would not be eligible.

- The statewide program would be based on the Advocacy model of intervention with a voluntary reporting system.

- Extensive public education efforts would be conducted on the statewide program.

In addition to the points itemized above, the Department on Aging compared the number of intake reports received per month at each demonstration site during the first 17 months of the project and during Year 3. As indicated earlier, the data has shown an INCREASE in reports of elder abuse made to the sites in Year 3, compared to the first two years of the program.

Considering these points, and since it is apparent the incidence rates or the number of reports to be received by a statewide program are dependent upon the definition of abuse, the type of intervention adopted and the level of public education perceived, the Department on Aging has determined the incidence rate for FY1988 to be:

- 1.28/1000 persons within the demonstration areas (reflects a 10% growth since 1987)

- .99/1000 persons for remainder of PSAs having demonstration projects sites

- .99/1000 persons for remainder of State, effective 3/1/88

Based on the projections, the Department anticipates to receive approximately 1100 reports for FY1988.

E. What is the cost of a statewide elder abuse and neglect program?

Before the Department could project a cost estimate of a statewide program, strategies for implementing the program were analyzed.

Since, in all likelihood, the final legislative language and budget for a statewide program will not be known until the end of the legislative session, the Department has recommended to begin statewide implementation on October 1, 1987with the first step being to expand the demonstration project sites to cover their entire planning and service areas. The final step is dependent upon the budget appropriated. If the approved budget allows, the rest of the state would be implemented on March 1,1988.

The proposed legislation outlines the responsibilities for the Department on Aging, Regional Administrative Agencies, and provider agencies designated to respond and assess reports of suspected cases of abuse and neglect.

The Department shall have the overall responsibility to establish, design and manage the program and designate a Regional Administrative Agency within each planning and service area, with first right of refusal to the Area Agency on Aging. In turn, each Regional Administrative Agency shall designate provider agencies within its planning and service area to conduct face-to-face assessments, provide case work, refer substantiated cases to necessary support services, develop a care plan, and provide follow-up visits.

Based on the demonstration projects, cost estimates have been derived for the core service components on the following basis:

Assessment - would be conducted on all reports and would approximately take 10 hours at approximately $20 per hour.

Case Work - provided on substantiated cases and would approximately take 15 hours at approximately $20 per hour.

Follow-up - would be conducted on at least a quarterly basis for one year and would approximately take 3 hours per visit at $20 per hour.

Ancillary services - would be used as a last resort when all other resources have been exhausted. Income eligibility requirements may be established for the use of this fund. Types of services include emergency housing/relocation, respite, legal assitance, and emergency aid.

The Department will enter into contracts with each Regional Administrative Agency to provide the above mentioned responsibilities and duties for an administrative cost of 15%.

In addition to the service components listed above, the Department perceives the importance of designing an extensive

public education campaign, developing several treatment team demonstration projects, and provide continual research and training on the prevention and identification of elder abuse.

Educating the public and professional groups on the intent of a new program is the first critical step to a successful program. Since there is a reluctance of reporting and identifying abuse and lack of knowledge of where to report, the public education materials will be developed for two purposes: it will be directed to hose professionals most likely to come into contact with abuse situations (ie. physicians, attorneys, hospitals discharge planners, Title III outreach workers) and developing general materials including posters and brochures to be distributed statewide.

The purpose of the treatment team demonstration projects would allow the Department an opportunity to analyze the effectiveness of a treatment team approach in determining the service care plan for the victims served in both rural and urban areas. This approach allows representatives from the legal, mental health, aging and medical fields to be involved in this decision-making process. It would also act as a support system for the case worker assessing the situation, allowing case conferencing to occur on critical and difficult cases that may seem as a no end situation.

The Department recommends continued research and training on the elder abuse program focusing on the evaluation of the treatment team approach to serving abused elderly, developing and pretesting of a Quality Assurance System, and analysis of the statewide program implementation. Calculations for these proposals are identified:

SERVICES	* ANNUAL 2,589	**PROJECTED 1,082
Assessment	$517,800	$216,400
Case Work (15 hours)	483,000	201,900
Follow-up	231,840	96,840
Treatment Team (Demo)	0	30,000
Ancillary Services (25%)	410,880	171,713
Subtotal	1,643,520	716,853
Regional Agency	386,711	161,612
Research and Training	60,000	55,040
Demo Continuation	0	72,746
Public Education	45,000	42,789
Subtotal	491,711	333,147
DOA Administration	200,000	150,960
Total	2,345,231	1,200,000

*Annual is based on entire State implemented on July 1
**FY1988 DoA Budget Request: Projection is based on phase-in implementation process (10/1 expanding PSAs with demo sites, 3/1 expanding rest of State)

VII. Conclusion

- The Elder Abuse Demonstration Program is scheduled to be discontinued on June 30, 1987.

  The Department has reviewed the significance of the demonstration program findings and have developed a recommendation on a design of a statewide program and cost of the program as a budget request for FY 1988 to the Bureau of the Budget.

  The Department has taken the leadership role in developing two legislative proposals with the intent of both being introduced during the 1987 Spring Session of the General Assembly:

  1. To establish a statwide Elder Abuse and Neglect Program during FY1988; and

  2. To extend the Elder Abuse Demonstration Program until September 30, 1987.

- Three advisory committees developed.

  The Department established three advisory committees composed of representatives of the area agencies, service providers and program evaluators to recommend strategies, policies and criteria on the development of a statewide program.

  Assessment tool committee: The goal of this committee is to advice and develop a comprehensive assessment tool and other pertinent forms that will be used for a statewide elder abuse and neglect program.

  Ancillary services committee: The goal of this committee is to recommend to the Department the types of services that must be available on an interim or temporary time period to stablize the family situation.

  Treatment team committee: The goal of this committee is to analyze and recommend to the Department the feasibility of developing treatment teams to assist in elder abuse and neglect cases.

In addition to the three committees, the Department on Aging has developed an Elder Abuse Advisory Committee, comprised of staff from the Department on Aging and the Area Agencies on Aging. The final decisions regarding the design of a statewide program, however, remain the responsibility of the Department on Aging.

APPENDICES

Appendix A

Directory of Elder Abuse Demonstration Projects

Directory of Planning and Service Areas in Illinois

Shaded areas denote Elder Abuse Demonstration Project Sites.

1. Northwestern Illinois Area Agency on Aging
Janet B. Ellis, Executive Director
4223 East State Street, Eastmoor Building
Rockford, Illinois 61108
815/226-4901

2. Region Two Area Agency on Aging
Charles D. Johnson, Executive Director
Street Address:
Kankakee Community College
River Road, West Campus — Building 5
Mailing Address:
P.O. Box 809
Kankakee, Illinois 60901
815/939-0727
Field Office:
Building No. 6, Unit 39
245 West Roosevelt Road
West Chicago, Illinois 60185
312/293-5990
800-528-2000

3. Western Illinois Area Agency on Aging, Inc.
Sid Granet, Director
729 34th Avenue
Rock Island, Illinois 61201
309/793-6800, 800/322-1051

4. Central Illinois Agency on Aging, Inc.
Barbara M. Miller, Executive Director
700 Hamilton Boulevard
Peoria, Illinois 61603
309/674-2071

5. East Central Illinois Area Agency on Aging, Inc.
Phyllis H. Pinkerton, Executive Director
1003 Maple Hill Road
Bloomington, Illinois 61701
309/829-2065
Information and Referral Number:
800/322-0484

6. West Central Illinois Area Agency on Aging
Lynn Niewohner, Director
Street Address:
1125 Hampshire Street
Quincy, Illinois 62301
Mailing Address:
P.O. Box 428
Quincy, Illinois 62306
217/223-7904
Information and Referral Number:
800/252-3027

7. Project LIFE Area Agency on Aging, Inc.
Dorothy S. Kimball, Executive Director
2815 West Washington, Suite 220
Springfield, Illinois 62702
217/787-9234
Information and Referral Number:
800/252-2918

8. Southwestern Illinois Area Agency on Aging
Fairview Executive Plaza, Suite 225
333 Salem Place
Fairview Heights, Illinois 62208
618/632-1323
Information and Referral Number:
800-642-3859

9. Midland Area Agency on Aging
Debbie Kulken, Executive Director
P. O. Box 1420
Centralia, Illinois 62801
618/532-1853
Information and Referral Number:
618/532-4548

10. Southeastern Illinois Area Agency on Aging, Inc.
Harold Morris, Acting Director
302 Market Street
Mt. Carmel, Illinois 62863
618/262-8001

11. Egyptian Area Agency on Aging, Inc.
George Everingham, Director
108 South Division Street
Carterville, Illinois 62918
618/985-8311

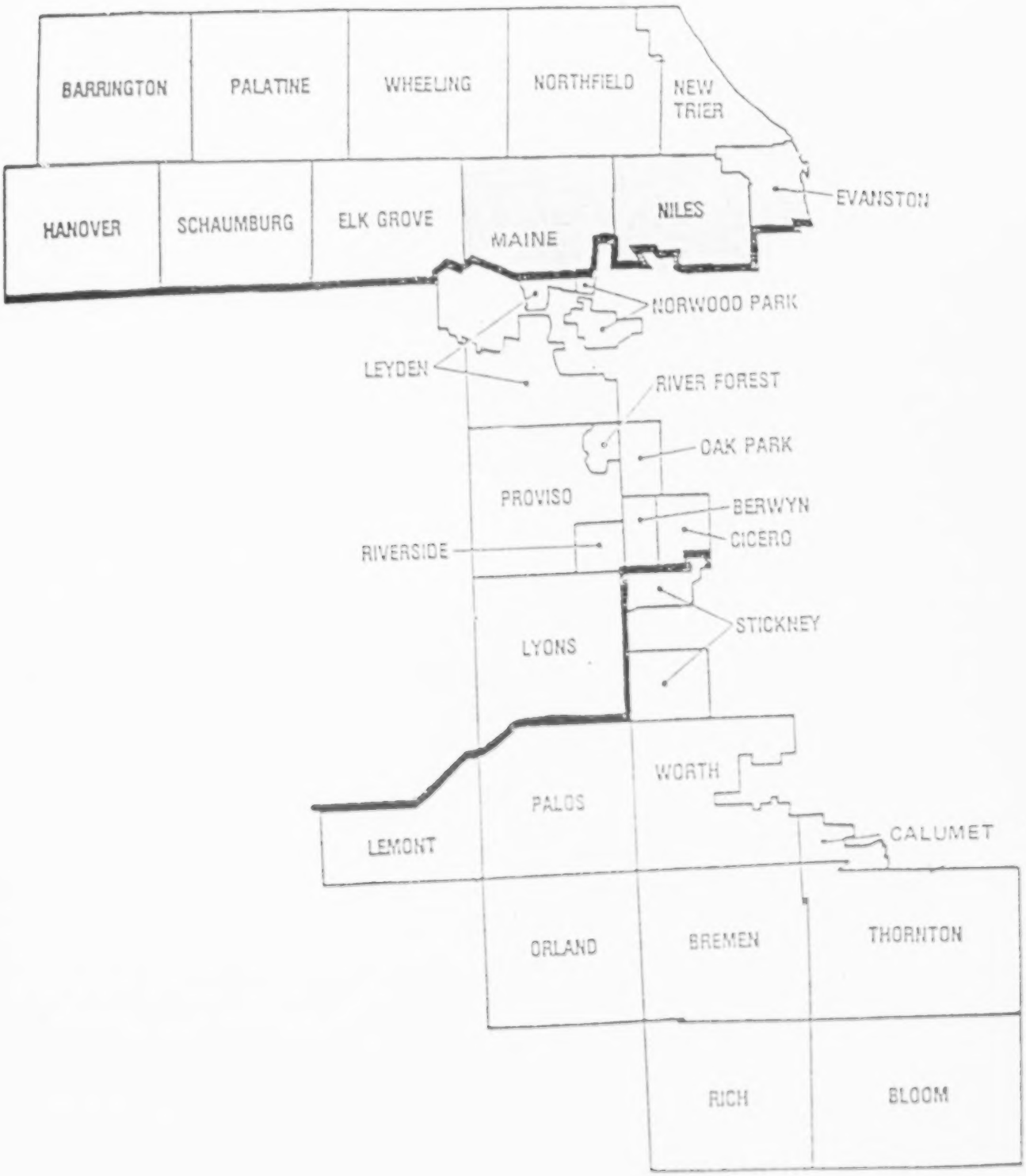
12. Chicago Department on Aging and Disability
Robert Ahrens, Commissioner
510 North Peshtigo Court
Chicago, Illinois 60611
312/744-4016 (VOICE)
312/744-6777 (TDD)

13. Suburban Cook County Area Agency on Aging
Jonathan Lavin, Executive Director
400 West Madison, Room 200
Chicago, Illinois 60606
312/559-0616

9/5/85

Suburban Cook County

Shaded areas denote Elder Abuse Demonstration Project site



Appendix B

Demographic Characteristics of Older Persons

ILLINOIS DEPARTMENT ON AGING

Demographic Characteristics of Older Persons in

Elder Abuse Demonstration Project Areas

PSA - County or Township	60+ Pop.	Below Poverty	Minority	75+ Pop.	Living Alone	Rural
PSA 01 - Winnebago	40,100	3,438	1,509	10,587	8,447	0
PSA 02 - Kankakee	17,100	1,511	1,772	4,253	3,862	0
PSA 11 - Franklin	10,700	1,544	16	3,171	3,207	10,700
Williamson	12,400	1,641	170	3,555	332	12,400
Jackson	8,400	1,130	620	2,455	2,149	8,400
Perry	4,500	563	120	1,521	132	4,500
Total	36,000	4,878	926	10,702	5,820	36,000
PSA 13 - Maine	21,593	856	330	5,634	2,962	0
Niles/ Evanston	35,621	1,232	2,978	10,274	5,848	0
Total	57,214	2,088	3,308	15,908	8,810	0
ILLINOIS	1,889,100	183,037	195,188	500,390	422,728	439,800

Demographic data obtained from STF 1-A and 4-B of the 1980 and 1985 Census estimates.

Appendix C

Data Tables

TABLE ONE
DEMOGRAPHIC DATA ON VICTIMS

VARIABLE	ROCKFORD N= 23	KANKAKEE N= 24	EGYPTIAN AREA N= 56	N. SUB. COOK N= 65	TOTALSN 168 FREQ.	PCT.
NUMBER OF INTAKE REPORTS RECEIVED	23	24	56	65	168	
LATEST INTAKE DATE	15-Dec-86	01-Dec-86	30-Dec-86	21-Dec-86		
NUMBER OF CASES CURRENTLY OPEN	7	16	32	51	106	63.1%
AGE OF VICTIM:						
AGE RANGE	59 TO 89	60 TO 90	60 TO 94	57 TO 98	57 - 98	
MEAN AGE	77 YRS	77 YRS	77 YRS	75 YRS	76 YRS	
SEX OF VICTIM:						
MALE	4	8	21	20	53	31.5%
FEMALE	17	16	35	45	113	67.3%
MISSING	2	0	0	0	2	1.2%
RACE OF VICTIM						
WHITE	14	20	55	55	144	85.7%
BLACK	1	3	1	6	11	6.5%
HISPANIC	1	0	0	0	1	0.6%
NATIVE AMERICAN	0	0	0	0	0	0.0%
ASIAN	0	1	0	0	1	0.6%
OTHER	0	0	0	0	0	0.0%
UNKNOWN	0	0	0	0	0	0.0%
MISSING	7	0	0	4	11	6.5%
COMMUNICATION PROBLEMS						
SPEECH	5	1	4	6	0	0.0%
HEARING	4	3	10	7	11	6.5%
SIGHT	6	3	20	6	0	0.0%
DISORIENTED	10	5	13	13	0	0.0%
NONE	1	3	1	23	16	9.5%
OTHER TYPE	0	2	4	6	24	14.3%

TABLE TWO
DEMOGRAPHIC DATA ON ABUSERS

AGE RANGE VARIABLE	ROCKFORD N= 24	KANKAKEE N= 33	EGYPTIAN AREA N= 75	N. SUB. COOK N= 70	TOTALSN 202 FREQ.	PCT.
AGE OF ABUSER:						
AGE RANGE	30 TO 90	14 TO 75	11 TO 89	24 TO 98	11 - 98	
MEAN AGE	59 YRS	42 YRS	51 YRS	60 YRS	54 YRS	
SEX OF ABUSER:						
MALE	11	14	38	37	100	49.5%
FEMALE	6	19	37	31	93	46.0%
MISSING	7	0	0	2	9	4.5%
RACE OF ABUSER:						
WHITE	11	27	74	56	168	83.2%
BLACK	2	5	1	4	12	5.9%
HISPANIC	1	0	0	0	1	0.5%
NATIVE AMERICAN	0	0	0	0	0	0.0%
ASIAN	0	0	0	0	0	0.0%
OTHER	0	0	0	0	0	0.0%
UNKNOWN	0	0	0	0	0	0.0%
MISSING	3	1	0	9	19	9.4%
RELATIONSHIP TO VICTIM:						
SPOUSE	4	2	10	25	41	20.3%
FORMER SPOUSE	0	0	0	2	2	1.0%
PARENT	0	0	0	0	0	0.0%
CHILD	10	10	22	17	59	29.2%
OTHER RELATIVE	2	11	15	11	39	19.3%
CARETAKER	8	14	33	8	63	31.2%
ROOMMATE	7	3	28	18	56	27.7%
FORMER ROOMMATE	0	2	3	1	6	3.0%
LEGAL GUARDIAN	1	0	0	1	2	1.0%
OTHER	2	3	18	8	31	15.3%
UNKNOWN	0	0	0	0	0	0.0%
MISSING	0	0	2	3	5	2.5%

TABLE THREE
CHARACTERISTICS OF THE SITUATION

VARIABLE	ROCKFORD N= 23	KANKAKEE N= 24	EGYPTIAN AREA N= 56	N. SUB. COOK N= 65	TOTALSN 168 FREQ.	PCT.
PLACE OF ABUSE INCIDENT:						
OWN HOME, ALONE	4	7	12	8	31	18.5%
OWN HOME, WITH OTHERS	7	7	26	43	83	49.4%
RELATIVE'S HOME	5	4	2	1	12	7.1%
FRIEND'S HOME	0	0	1	0	1	0.6%
CARETAKER'S HOME	1	4	4	3	12	7.1%
UNLICENSED FACILITY	0	1	0	0	1	0.6%
OTHER	3	4	12	1	20	11.9%
MISSING DATA	4	0	0	10	14	8.3%
UNKNOWN	0	0	0	0	0	0.0%
TYPE OF ABUSE SUSPECTED:						
PHYSICAL	3	10	8	26	47	28.0%
CONFINEMENT	0	3	8	7	18	10.7%
SEXUAL	0	0	0	0	0	0.0%
DEPRIV. OF SERVICES	5	9	10	13	37	22.0%
OTHER ABUSE	6	12	16	38	72	42.9%
FINANCIAL EXPLOITATION	7	12	36	18	73	43.5%
PASSIVE NEGLECT	6	3	16	14	39	23.2%
SELF NEGLECT	3	1	15	10	29	17.3%
VICTIM IN DANGER						
YES	1	3	3	0	7	4.2%
NO	20	19	53	63	155	92.3%
MISSING	2	2	0	2	6	3.6%
VICTIM INJURED						
YES	1	3	5	2	11	6.5%
NO	20	17	51	61	149	88.7%
MISSING	2	4	0	2	8	4.8%
NO FOOD/SHELTER						
YES	0	2	1	1	4	2.4%
NO	21	21	55	62	159	94.6%
MISSING	2	1	0	2	5	3.0%

TABLE FOUR
AGENCY CHARACTERISTICS OF THE SITUATION

VARIABLE	ROCKFORD N= 23	KANKAKEE N= 24	EGYPTIAN AREA N= 56	N. SUB. COOK N= 65	TOTALSN 168 FREQ.	PCT.
REPORT SOURCE:						
ALLEGED VICTIM	3	6	2	12	23	13.7%
SPOUSE	0	0	0	2	2	1.2%
PARENT	0	0	0	0	0	0.0%
CHILD	3	3	0	4	10	6.0%
OTHER RELATIVE	3	0	7	5	15	8.9%
CARETAKER	1	2	0	2	5	3.0%
ROOMMATE	0	0	0	0	0	0.0%
LEGAL GUARDIAN	0	0	0	0	0	0.0%
PHYSICIAN	0	1	0	0	1	0.6%
DENTIST	0	0	0	0	0	0.0%
CHRISTIAN SCIENTIST	0	0	0	0	0	0.0%
SOCIAL WORKER	3	6	18	17	44	26.2%
NURSE	2	2	3	13	20	11.9%
DoA EMPLOYEE	0	0	0	0	0	0.0%
NH/OTHER INSTITUTION	1	1	1	0	3	1.8%
PARAPROFESSIONAL	3	3	9	4	19	11.3%
ANONYMOUS	0	5	4	1	10	6.0%
OTHER	0	0	12	5	17	10.1%
MISSING DATA	4	3	0	0	7	4.2%
SERVICES OFFERED:						
CLIENT ACCEPTED ALL	5	3	7	36	51	30.4%
CLIENT ACCEPTED SOME	5	4	15	31	55	32.7%
LEGAL REMEDIES	1	4	6	13	24	14.3%
REFUSED	6	2	8	4	20	11.9%
GUARDIANSHIP PURSUED	0	3	1	3	7	4.2%
NO NEED	2	2	0	2	6	3.6%
REFERRED ELSEWHERE	2	0	3	2	7	4.2%
OTHER	1	0	1	0	2	1.2%

TABLE FIVE
DEMOGRAPHIC DATA ABOUT VICTIMS FROM VICTIM/ABUSER REPORT

VARIABLE	ROCKFORD N= 7	KANKAKEE N= 30	EGYPTIAN AREA N= 61	N. SUB. COOK N= 40	TOTALS .N= 138 FREQ	.PERCENT
MARITAL STATUS OF VICTIM:						
MARRIED	1	6	14	22	43	31.2%
DIVORCED	0	0	1	4	5	3.6%
SEPARATED	0	0	0	1	1	0.7%
WIDOWED	4	16	23	10	53	38.4%
NEVER MARRIED	1	2	5	3	11	8.0%
MISSING	1	6	18	0	25	18.1%
MONTHLY INCOME OF VICTIM:						
RANGE	$250 TO $513	$354 TO $4,152	$133 TO $1,000	$180 TO $2,200	$133 TO $4,152	
AVERAGE	$377	$909	$390	$722	$598	
EMPLOYMENT STATUS OF VICTIM:						
CURRENTLY EMPLOYED	0	1	0	2	3	2.2%
UNEMPLOYED	0	2	3	3	8	5.8%
RETIRED	4	17	33	35	89	64.5%
NEVER EMPLOYED	1	2	6	0	9	6.5%
DISABLED	0	0	0	0	0	0.0%
MISSING DATA	2	8	19	0	29	21.0%
LIVING ARRANGEMENTS:						
APARTMENT	0	1	0	2	3	2.2%
HOME	0	2	3	3	8	5.8%
HOME OF RELATIVE	4	17	33	35	89	64.5%
BOARDING HOUSE	1	2	6	0	9	6.5%
PUBLIC HOUSING	0	0	0	0	0	0.0%
OTHER	0	0	0	0	0	0.0%
MISSING DATA	2	8	19	0	29	21.0%
VICTIM IS VETERAN:						
YES	0	1	3	6	10	7.2%
NO	2	14	38	28	82	59.4%
UNKNOWN/MISSING DATA	5	15	20	6	46	33.3%

*Frequencies may not add to total due to cases entering the program more than once.

TABLE SIX
DEMOGRAPHIC DATA ABOUT VICTIMS FROM VICTIM/ABUSER REPORT

VARIABLE	ROCKFORD N= 7	KANKAKEE N= 30	EGYPTIAN AREA N= 61	N. SUB. COOK N= 40	TOTALS FREQ .N= 138 .PERCENT
MONTHLY INCOME OF ABUSER:					
RANGE	$658 TO $658	$224 TO $2,000	$75 TO $939	$307 TO $2,200	$75 TO $2,200
AVERAGE	$658	$896	$492	$936	$717
EMPLOYMENT STATUS OF ABUSER:					
CURRENTLY EMPLOYED	3	9	20	10	42 . 30.4%
UNEMPLOYED	0	13	9	3	25 . 18.1%
RETIRED	2	3	15	24	44 . 31.9%
NEVER EMPLOYED	1	3	3	1	8 . 5.8%
DISABLED	0	0	0	0	0 . 0.0%
MISSING DATA	1	2	14	2	19 . 13.8%
MENTAL STATUS:					
JUDGMENT IMPAIRED:					
YES	1	1	5	8	15 . 10.9%
NO	5	25	35	22	87 . 63.0%
UNKNOWN/MISSING	1	4	21	10	36 . 26.1%

TABLE SEVEN
HEALTH AND LEGAL STATUS OF VICTIM

VARIABLE	ROCKFORD N= 7	KANKAKEE N= 30	EGYPTIAN AREA N= 61	N. SUB. COOK N= 40	TOTALS FREQ .N= 138 .PERCENT
CHRONIC CONDTIONS:					
YES	5	17	36	31	89 . 64.5%
NO	1	5	4	6	16 . 11.6%
DON'T KNOW/MISSING DATA	1	8	21	3	33 . 23.9%
DON PART A SCORES:					
RANGE	0 TO 40	0 TO 44	1 TO 48	0 TO 48	0 TO 48
AVERAGE	23	17.2	25.0	18.4	21.3
DON PART B SCORES:					
RANGE	0 TO 32	0 TO 46	2 TO 42	0 TO 48	0 TO 48
AVERAGE	13.5	7	19.2	7.7	13.0
LEGAL STATUS					
NO GUARDIAN	4	19	37	37	97 . 70.3%
TEMPORARY GUARDIAN	0	0	0	0	0 . 0.0%
PLENARY GUARDIAN	0	0	0	0	0 . 0.0%
GUARDIAN OF PERSON	0	0	1	0	1 . 0.7%
GUARDIAN OF ESTATE	0	0	0	0	0 . 0.0%
POWER OF ATTORNEY	0	2	3	1	6 . 4.3%
OTHER	0	0	0	1	1 . 0.7%
MISSING DATA	3	9	20	1	33 . 23.9%

TABLE NINE
DATA ON SUBSTANTIATION OF ABUSE

	ROCKFORD N= 23	KANKAKEE N= 26	EGYPTIAN AREA N= 56	N. SUB. COOK N= 65	TOTALSN 170 FREQ.	PCT.
UNDUPLICATED COUNT OF VICTIMS	10	9	38	49	106	62.4%
AVERAGE LENGTH OF STAY IN PROGRAM	1.576	2.200	1.744 MOS	1.524	1.776 MOS.	
TYPE OF ABUSE SUSPECTED:						
PHYSICAL	3	10	8	26	47	27.6%
CONFINEMENT	0	3	8	7	18	10.6%
SEXUAL	0	0	0	0	0	0.0%
DEPRIV. OF SERVICES	5	9	10	13	37	21.8%
OTHER ABUSE	6	12	16	38	72	42.4%
FINANCIAL EXPLOITATION	7	12	36	18	73	42.9%
PASSIVE NEGLECT	6	3	16	14	39	22.9%
SELF NEGLECT	3	1	15	10	29	17.1%
CLIENT SUBSTANTIATED:						
PHYSICAL						
SUBSTANTIATED	1	4	4	19	28	16.5%
SUSPECTED/NO EVIDENCE	1	0	2	4	7	4.1%
UNSUBSTANTIATED	1	1	1	2	5	2.9%
SUBSTANTIATION RATE: REPORTED	66.67%	40.00%	75.00%	88.46%		74.5%
SUBSTANTIATION RATE: INVESTIGATED	66.67%	80.00%	85.71%	92.00%		87.5%
CONFINEMENT						
SUBSTANTIATED	0	1	3	1	5	2.9%
SUSPECTED/NO EVIDENCE	0	1	2	1	4	2.4%
UNSUBSTANTIATED	0	0	2	2	4	2.4%
SUBSTANTIATION RATE: REPORTED	ERR	66.67%	62.50%	28.57%		50.0%
SUBSTANTIATION RATE: INVESTIGATED	ERR	100.00%	71.43%	50.00%		69.2%
SEXUAL						
SUBSTANTIATED	1	0	0	0	1	0.6%
SUSPECTED/NO EVIDENCE	0	0	0	0	0	0.0%
UNSUBSTANTIATED	0	0	0	0	0	0.0%
SUBSTANTIATION RATE: REPORTED	ERR	ERR	ERR	ERR		ERR
SUBSTANTIATION RATE: INVESTIGATED	100.00%	ERR	ERR	ERR		100.0%
DEPRIV. OF SERVICES						
SUBSTANTIATED	0	5	5	6	16	9.4%
SUSPECTED/NO EVIDENCE	1	0	1	2	4	2.4%
UNSUBSTANTIATED	4	1	0	3	8	4.7%
SUBSTANTIATION RATE: REPORTED	20.00%	55.56%	60.00%	61.54%		54.1%
SUBSTANTIATION RATE: INVESTIGATED	20.00%	83.33%	100.00%	72.73%		71.4%
OTHER ABUSE						
SUBSTANTIATED	4	5	13	23	45	26.5%
SUSPECTED/NO EVIDENCE	0	0	2	7	9	5.3%
UNSUBSTANTIATED	2	1	0	0	3	1.8%
SUBSTANTIATION RATE: REPORTED	66.67%	41.67%	93.75%	78.95%		75.0%
SUBSTANTIATION RATE: INVESTIGATED	66.67%	83.33%	100.00%	100.00%		94.7%
FINANCIAL EXPLOITATION						
SUBSTANTIATED	0	4	15	8	27	15.9%
SUSPECTED/NO EVIDENCE	0	0	4	4	8	4.7%
UNSUBSTANTIATED	5	3	4	0	12	7.1%
SUBSTANTIATION RATE: REPORTED	0.00%	33.33%	52.78%	66.67%		47.9%
SUBSTANTIATION RATE: INVESTIGATED	0.00%	57.14%	82.61%	100.00%		74.5%
PASSIVE NEGLECT						
SUBSTANTIATED	2	1	6	7	16	9.4%
SUSPECTED/NO EVIDENCE	0	0	1	1	2	1.2%
UNSUBSTANTIATED	2	1	1	3	7	4.1%
SUBSTANTIATION RATE: REPORTED	33.33%	33.33%	43.75%	57.14%		46.2%
SUBSTANTIATION RATE: INVESTIGATED	50.00%	50.00%	87.50%	72.73%		72.0%
SELF NEGLECT						
SUBSTANTIATED	1	1	12	7	21	12.4%
SUSPECTED/NO EVIDENCE	0	0	0	0	0	0.0%
UNSUBSTANTIATED	1	0	1	0	2	1.2%
SUBSTANTIATION RATE: REPORTED	33.33%	100.00%	80.00%	70.00%		72.4%
SUBSTANTIATION RATE: INVESTIGATED	50.00%	100.00%	92.31%	100.00%		91.3%

COMPARISON OF GROUPS ON
HWALEK-SENGSTOCK RISK QUESTIONNAIRE
(From Hwalek-Sengstock Questionnaire Rev. 2-86)

VARIABLE	ABUSED N = 117 FREQ	PCTS	NONABUSED N= 26 FREQ	PCTS
Do you have anyone who spends time with you taking you shopping or to the doctor?				
YES	65	71.4%	19	95.0%
NO	26	28.6%	1	5.0%
Are you helping to support someone?				
YES	44	45.8%	6	30.0%
NO	52	54.2%	14	70.0%
Do you have enough money to pay your bills on time?				
YES	72	77.4%	18	85.7%
NO	21	22.6%	3	14.3%
Are you sad or lonely often?				
YES	50	55.6%	5	25.0%
NO	40	44.4%	15	75.0%
Who makes decisions about your life - like how you should live or where you should live?				
ELDER	68	73.9%	19	95.0%
OTHER	24	26.1%	1	5.0%
Do you feel very uncomfortable with anyone in your family?				
YES	64	66.7%	6	30.0%
NO	32	33.3%	14	70.0%
Can you take your own medication and get around by yourself?				
YES	49	54.4%	14	66.7%
NO	41	45.6%	7	33.3%
Do you feel that nobody wants you around?				
YES	22	23.7%	1	5.0%
NO	71	76.3%	19	95.0%
Does anyone in your family drink alot?				
YES	27	28.7%	2	11.1%
NO	67	71.3%	16	88.9%
Does someone in your family make you stay in bed or tell you you're sick when you know you're not?				
YES	4	4.2%	0	0.0%
NO	91	95.8%	20	100.0%
Has anyone forced you to do things you didn't want to do?				
YES	37	39.4%	2	10.0%
NO	57	60.6%	18	90.0%
Has anyone taken things that belong to you without your OK?				
YES	35	37.2%	3	14.3%
NO	59	62.8%	18	85.7%
Do you trust most of the people in your family?				
YES	60	65.9%	17	85.0%
NO	31	34.1%	3	15.0%
Does anyone tell you that you give them too much trouble?				
YES	24	37.0%	2	10.5%
NO	58	63.0%	17	89.5%
Do you have enough privacy at home?				
YES	58	61.7%	18	90.0%
NO	36	38.3%	2	10.0%
Has anyone close to you tried to hurt you or harm you recently?				
YES	45	48.4%	0	0.0%
NO	48	51.6%	20	100.0%

NOTE: Data from question #3 should be voided because the question is written differently on two printings of this instrument.

TABLE FOURTEEN

CLIENT DISPOSITION BY SITE
FROM SERVICE PLAN DATA

DISPOSITION:	ROCKFORD	KANKAKEE	EGYPTIAN AREA	NO. SUB. COOK	TOTALS	PERCENTS
Refuses Further Assistance (11)	3	0	7	1	11	14%
Moved Out of Area (12)	0	0	0	0	0	0%
Entered Long Term Care Fac. (13)	3	0	3	2	8	10%
Entered Hospital (14)	0	0	0	0	0	0%
Change in Vol. of Service (15)	0	0	0	0	0	0%
Death of Client (16)	1	2	0	3	6	8%
Abuser Refuses Access (17)	0	0	0	0	0	0%
Goals Achieved (18)	0	0	0	3	3	4%
Case Safe & Stable (19)	3	2	13	4	22	29%
Other (20)	0	4	5	3	12	16%
Client Refuses Assessment (21)	2	1	10	0	13	17%
Client's Needs Changed (22)	2	0	0	0	2	3%